
2019-2020 Community Influenza Surveillance Report

Update of Current Status

April 8th, 2020

Final Report of the 2019-2020 Season

This is the final *Community Influenza Surveillance Report* of the 2019-2020 influenza season. Although influenza continues to circulate at low levels in both the City of London and Middlesex County, the level of activity has substantially decreased compared to earlier in the season. Influenza reporting will resume with local surveillance in the fall of 2020.

The Middlesex-London Health Unit thanks all those who provided data for this report throughout the influenza season, which allowed us to report a comprehensive local picture of influenza activity each week.

Analysis and Action

Public Health epidemiologists, communicable disease teams, and physicians will continue to collect data, engage with provincial, national and international partners, and prepare for the next influenza season. Regardless of the level of local influenza activity, though, there are some easy-to-follow steps that residents can always take to avoid becoming sick. Washing your hands with soap and warm water for 15-20 seconds, or using an alcohol-based hand sanitizer, remain effective ways to prevent many illnesses, including influenza. Residents should also cover their coughs and sneezes with their sleeve, or cough into their elbow, clean and disinfect high-touch surfaces frequently, and stay home when they feel sick and/or have a fever.

Details of Current Local Activity

Between March 29th and April 4th, there was one influenza B case reported. The Middlesex-London Health Unit was also notified of the death of a case who had been reported previously. As well, there was one influenza A outbreak declared in a local facility during the most recent week of surveillance.

Appendix A provides more detail about laboratory-based influenza activity indicators for the most recent reporting week, as well as other indicators of local respiratory illness. A graph showing all 343 laboratory-confirmed cases by week of illness onset is provided at the end of this report in Appendix B.

Provincial and National Comparison

In the most recent *Ontario Respiratory Pathogen Bulletin* (covering March 22nd to March 28th), Public Health Ontario states that influenza levels are lower when compared to previous weeks; activity remains low for influenza A and influenza B.

In the most recent *FluWatch* (covering March 22nd to March 28th), the Public Health Agency of Canada reports that the percent of specimens that tested positive for influenza dropped below 5% in the most recent week, suggesting that the end of the influenza season may be nearing from a national perspective. However, these results may be influenced by extensive laboratory testing that is occurring in response to the COVID-19 pandemic.

Across Canada, 59% of cases identified to date have been influenza A, with 68% of subtyped specimens being the A(H1N1) strain. The greatest percentage of influenza A(H3N2) cases (46%) have been among those aged 65 and over, while influenza A(H1N1) cases have been distributed among adults 20 to 64 years old (52%) as well as seniors 65 year of age and older (28%). Influenza B has been identified in 41% of cases this season; 55% have been among children and youth under the age of 20 years, as well as adults 20-44 years old (31%).

- The latest *Ontario Respiratory Pathogen Bulletin*, issued by Public Health Ontario (PHO), is available at <https://www.publichealthontario.ca/en/data-and-analysis/commonly-used-products/respiratory-pathogens-weekly>
- The latest *FluWatch* report, issued by the Public Health Agency of Canada (PHAC), is available at <http://www.phac-aspc.gc.ca/fluwatch/>

Appendix A

Summary of Community Influenza Surveillance Indicators for Middlesex-London March 29th to April 4th, 2020

Table 1: Summary of laboratory-based influenza activity indicators, Middlesex-London and Ontario, 2019-2020 influenza surveillance season

| Indicator | Reporting Period | Number Reported: Current Reporting Period | Number Reported: Year to Date (from September 1, 2019) | Recent Trends |
|--|--|--|--|---|
| Laboratory-confirmed cases^{1,4} | Mar. 29-Apr. 4 (week 14) ² | Influenza A – 0 cases Influenza B – 1 case | Influenza A – 221 cases Influenza B – 122 cases | Influenza A: Lower than one case reported the previous week (Mar. 22-28). Influenza B: Lower than three cases reported the previous week (Mar. 22-28). |
| Influenza sub-types¹ | Mar. 29-Apr. 4 | Influenza A (H1N1)pdm09 – 0 cases Influenza A (H3) – 0 cases Influenza A not yet subtyped – 0 cases Influenza B not yet subtyped – 1 case | Influenza A (H1N1)pdm09 – 51 cases Influenza A (H3) – 8 cases Influenza A not yet subtyped – 162 cases Influenza B not yet subtyped – 122 cases | |
| Hospitalizations^{1,5} | Mar. 29-Apr. 4 | 0 | 158 | Lower than one hospitalization reported the previous week (Mar. 22-28). |
| Deaths^{1,5} | Mar. 29-Apr. 4 | 1 | 11 | Higher than the previous week (Mar. 22-28), when no deaths were reported. |
| Influenza outbreaks in long-term care homes/retirement homes/acute care | Mar. 29-Apr. 4 | Influenza A – 1 outbreak Influenza B – 0 outbreaks Influenza A & B – 0 outbreaks | Influenza A – 8 outbreaks Influenza B – 2 outbreaks Influenza A & B – 1 outbreak | Influenza A: Same as the previous week (Mar. 22-28) when one outbreak was reported. Influenza B: Lower than the previous week (Mar. 22-28) when one outbreak was reported. Influenza A & B Same as the previous week (Mar. 22-28) when no outbreaks were reported. |
| Percentage of samples that are positive for influenza (Ontario)³ | Mar. 22-28 (week 13) ² | Influenza A – 0.9% positivity Influenza B – 1.3% positivity | N/A | Influenza A: Lower than 2.4% positivity reported the previous week (Mar. 15-21). Influenza B: Lower than 2.6% positivity reported the previous week (Mar. 15-21). |

Notes:

1 Numbers are subject to change week by week due to the retrospective nature of reporting.

2 Weekly influenza monitoring often uses numbered weeks from 1 to 52 weeks per year. A reference week calendar can be found at <https://www.canada.ca/en/public-health/services/diseases/flu-influenza/influenza-surveillance/fluwatch-weeks-calendar.html>

3 Public Health Ontario, Ontario Respiratory Pathogen Bulletin 2019-2020

4 The week cases are reported to the Health Unit may not be the same as week of illness onset.

5 The week hospitalizations and deaths are reported to the Health Unit may not be the same as the week in which they occurred, or the same as the week of illness onset.

Table 2: Summary of community-based respiratory illness indicators, Middlesex-London, 2019-2020 influenza surveillance season

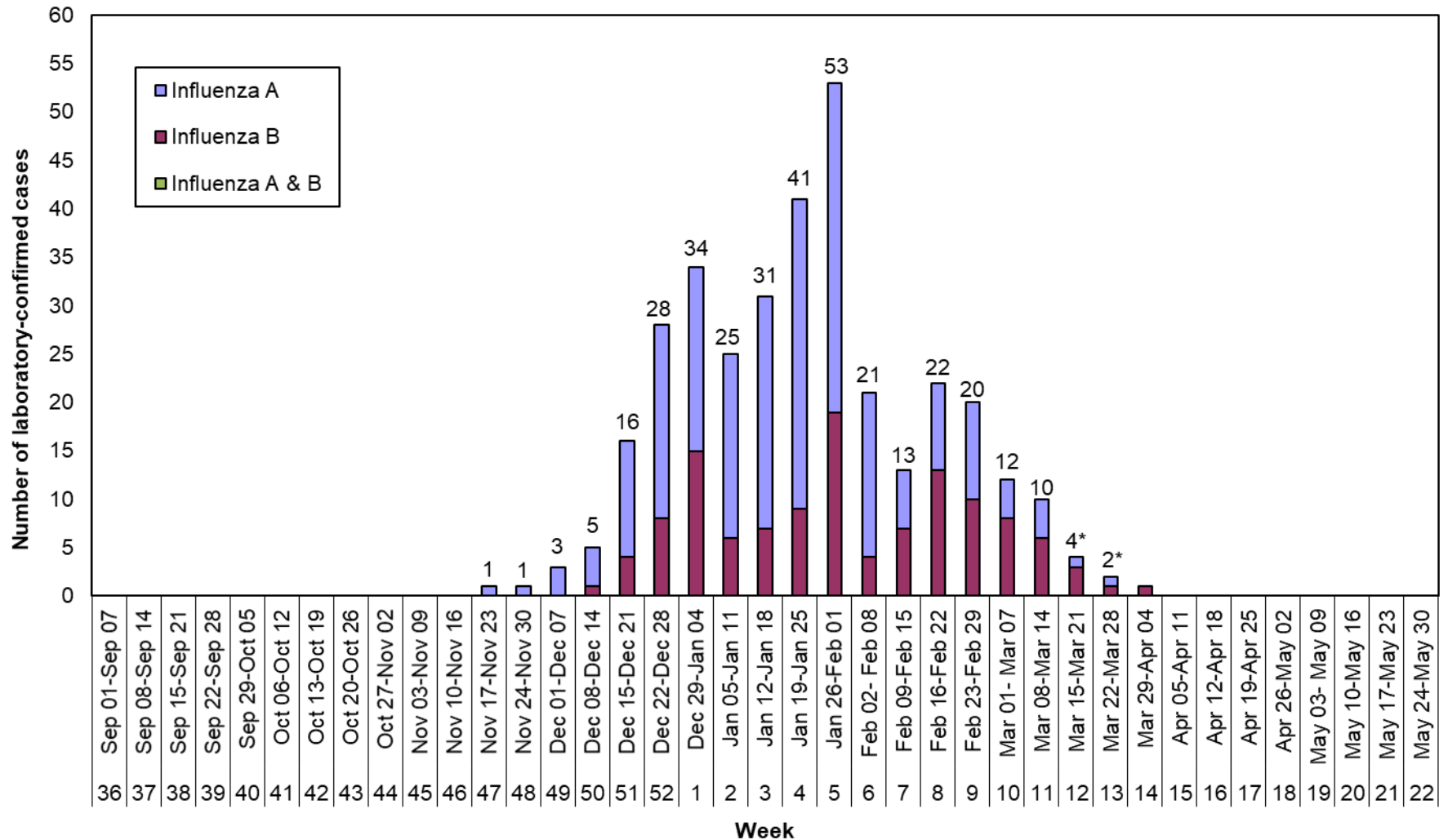
| Indicator | Reporting Period | Number Reported: <i>Current Reporting Period</i> | Recent Trends |
|--|------------------|---|--|
| Hospital emergency room reports regarding the percentage of patients with fever and respiratory illness | Mar. 29-Apr. 4 | An average of 10.7% of patients across all sites presented with fever and respiratory symptoms. At the paediatric emergency department, 10.9% of patients presented with fever and respiratory symptoms. | Lower than 12.6% reported the previous week (Mar. 22-28). Lower than 23.9% reported the previous week (Mar. 22-28). |
| Absence reports from elementary schools (i.e., absenteeism > 10%) | Mar. 30-Apr. 3 | Data not available due to closure of schools. | Recent data not available. |

The Middlesex-London Health Unit gratefully acknowledges the contributions of the following community partners who provide data for this report:

- London Health Sciences Centre
- St. Joseph's Health Care London
- Thames Valley District School Board

Appendix B

Laboratory-confirmed influenza cases, by influenza date† Middlesex-London 2019-2020 influenza season (N=343)



Source: Middlesex-London Health Unit internal influenza tracking database, extracted April 8, 2020.

† 'Influenza date' is the earliest of: symptom onset date, specimen collection date, specimen result date, and reported date. As such, the weekly counts shown in this section differ from those provided in other sections of this report.

* Counts may be incomplete and are subject to change due to the retrospective nature of reporting.